

CALIFORNIA NUTRITION NETWORK

AFRICAN AMERICAN TASK FORCE

FAITH COMMUNITY

NUTRITION/PHYSICAL ACTIVITY SURVEY

SEPTEMBER 2001

Program Site

Date : _____

1. Are you involved in the Nutrition/Physical Activity Program of your church?

☐

Yes (**Go to Question 3**)

☐

No (**Go to Question 2**)



2. Are you aware of the Faith Program for Nutrition and Physical Activity in your church? (Mark only ONE response)

☐

Yes, I am aware

☐

No, I am not aware

☐

My church doesn't have this Program

3. How long have you been involved in the Nutrition/Physical Activity Program of your church? (Mark only ONE response)

☐

Not involved

☐

Less than 1 month

☐

1-6 months

☐

7-12 months

☐

1-2 years

☐

Over 2 years

4. Overall, how satisfied are you with the Faith-based Nutrition and Physical Activity Program? Would you say you are .. (Mark only ONE response)

☐

Extremely satisfied

☐

Very satisfied

☐

Moderately satisfied

☐

Satisfied

☐

Dissatisfied

☐

Extremely dissatisfied

☐

No opinion, I am new to the Program

☐

Not involved in the Program

5. Which of the following statements represents your view(s) about the Faith-based Nutrition Program? (Mark all that apply)

☐

The Program has improved my knowledge of the recommended servings of fruits and vegetables that I should eat for better health.

☐

The program gave me a chance to taste fruits and vegetables that I rarely buy or eat.

☐

Because of the Program, I have a better awareness of the importance of nutrition to my health.

☐

Since being involved in the Program, I now pay more attention to what I eat.

☐

The program motivates me to eat healthier.

☐

Through participation in the program, I have now learned how to prepare healthy foods.

NUTRITION ACTIVITY: The following questions relate to your knowledge, attitudes and habits regarding fruits and vegetables consumption, including the motivation and barriers.

6. In the PAST WEEK, how many of your meals or snacks were eaten or taken out from a restaurant, cafeteria, or fast food establishment?

☐

None

☐

3-4 meals

☐

7 or more meals

☐

1-2 meals

☐

5-6 meals

7. How many servings of fruits and vegetables do you eat each day? Note that this is the combined total of BOTH fruits and vegetables. See cover for serving size (Check only ONE answer)

☐

0

☐

4

☐

8

☐

1

☐

5

☐

9

☐

2

☐

6

☐

10

☐

3

☐

7

☐

11 or more

8. About how long have you been eating this number of daily servings of fruits and vegetables?

☐

Less than 1 month

☐

4-6 months

☐

1-3 months

☐

More than 6 months

9. Are you seriously thinking about eating more servings of fruits and vegetables starting sometime in the NEXT SIX MONTHS?

☐

Yes

☐

No



If No, GO TO QUESTION 11

10. Are you planning to eat more servings of fruits and vegetables during the NEXT MONTH?

☐

Yes

☐

No

11. How many servings of fruits and vegetables do you think you should eat every day for good health?

_____ Servings

12. Do you eat the right amount of fruits and vegetables on a daily basis, too many, or do you think you should eat more?

☐

I eat the right amount

☐

I need to eat more

☐

I eat too many

☐

Don't know

13. What is the MAIN reason why you are eating or should eat more fruits and vegetables?**(Mark only ONE answer)**☐

I like the taste

☐

I have a diagnosed health condition

☐

I'm trying to eat healthier foods

☐

I wish to reduce my risk for heart disease, diabetes, cancer or other diseases

☐

To make a change of lifestyle

☐

I'm motivated by my church program activities

☐

For weight loss

☐

Other _____

14. If you are NOT eating enough fruits and vegetables, please identify the reason why:**(Mark ONLY ONE)**☐

I am currently eating enough fruits and vegetables

☐

Hard to buy in restaurants

☐

Not in the habit

☐

Hard to get at my local grocery store

☐

Don't like the taste

☐

Hard to get at work

☐

Cost too much for my budget

☐

Other _____

☐

Take too much time to prepare

PHYSICAL ACTIVITY: The following questions are about exercise, recreation or physical activities other than your regular job duties.

15. Which type of physical activity do you most frequently engage in NOW? (Mark ONLY ONE)

<input type="checkbox"/>	No physical activity	<input type="checkbox"/>	Exercise class (aerobics, yoga, kickboxing etc.)
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Jogging
<input type="checkbox"/>	Gym workout	<input type="checkbox"/>	Housework
<input type="checkbox"/>	Workout at home	<input type="checkbox"/>	Gardening
		<input type="checkbox"/>	Other _____

16. How many DAYS PER WEEK are you involved in physical activity?

<input type="checkbox"/> None	<input type="checkbox"/> 4 days per week
<input type="checkbox"/> 1 day per week	<input type="checkbox"/> 5 days per week
<input type="checkbox"/> 2 days per week.	<input type="checkbox"/> 6 days per week
<input type="checkbox"/> 3 days per week	<input type="checkbox"/> 7 days per week

17. On the average, how much time do you spend exercising EACH DAY?

<input type="checkbox"/> None	<input type="checkbox"/> 30-44 minutes per day
<input type="checkbox"/> 1-14 minutes per day	<input type="checkbox"/> 45-59 minutes per day
<input type="checkbox"/> 15-29 minutes per day	<input type="checkbox"/> 60 minutes or more per day

18. Based on your answer to Question # 16 and 17, would you consider your physical activity patterns to be:

<input type="checkbox"/>	Consistent/Regular
<input type="checkbox"/>	Inconsistent
<input type="checkbox"/>	Don't know

19. On a scale of 1 to 10, how would you rate the consistency of your physical activities (NOTE: 1= Inconsistent and 10=Highly consistent)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

● —————>

20. Which of the following statements represents your view(s) about the Faith-based Physical Activity Program? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> The Program has improved my knowledge of the recommended levels of physical activity for healthy lifestyle. | <input type="checkbox"/> The Program motivates me to exercise regularly. |
| <input type="checkbox"/> Because of the Program, I have a better awareness of the importance of regular exercise to my health. | <input type="checkbox"/> I am now involved in a regular Physical Activity program to better improve my health and well being. |
| <input type="checkbox"/> I am committed to attending Physical Activity classes on a regular basis | <input type="checkbox"/> The Program has given me a chance to regularly participate in Physical Activity. |

21. What are the REASONS you feel physical activity is important for your health? (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reduces stress | <input type="checkbox"/> Improves appearance |
| <input type="checkbox"/> Increases energy | <input type="checkbox"/> Feel better |
| <input type="checkbox"/> Weight loss/weight maintenance | <input type="checkbox"/> Reduces disease risk |
| <input type="checkbox"/> Develop strength or fitness | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Recommended by doctor or other health professional | _____ |

22. What are the main reasons why you are NOT physically active or not more active than you are currently? (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Don't need to exercise more than I do already. I get enough exercise | <input type="checkbox"/> Don't know how to begin the process of living a physically active lifestyle |
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Don't have a safe place to exercise |
| <input type="checkbox"/> Not motivated | <input type="checkbox"/> Don't have the right equipment |
| <input type="checkbox"/> Do not feel like exercising | <input type="checkbox"/> Health reasons; physically unable |
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> It's not important to me |
| <input type="checkbox"/> I'm always too tired | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Don't want to exercise alone | _____ |

DEMOGRAPHIC INFORMATION: Please provide all the demographic information requested below. Your responses are confidential and are important to keep our program running.

Gender (Check ONE)

- ☐ Male
☐ Female

Education (Check ONE)

- ☐ Less than High School
☐ High School Graduate
☐ GED
☐ Associate of Arts degree
☐ College degree
☐ Graduate degree

Race/Ethnicity (Check ONE)

- ☐ White
☐ Black (African American)
☐ Hispanic (Latino/a)
☐ Asian
☐ Pacific Islander
☐ Native American
☐ Mixed _____

DATE OF BIRTH _____**AGE (YEARS)** _____**Annual Household Income (Check ONE)**

- ☐ Less than \$10,000
☐ \$10,000 to less than \$15,000
☐ \$15,000 to less than \$20,000
☐ \$20,000 to less than \$25,000
☐ \$25,000 to less than \$35,000
☐ \$35,000 to less than \$50,000

- ☐ \$50,000 to less than \$75,000
☐ \$75,000 and more

MARITAL STATUS (Check ONE)

- ☐ Married
☐ Single
☐ Divorced
☐ Widowed

How many people live in your household? _____**Of these, how many are children less than 18 years of age?**_____ **Children**

Thank you so much for completing this survey. If you have any questions, please call the Coordinator of your church's Program.